

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL092180</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/29/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MAGNOLIA GLEN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3215 CREEDMOOR ROAD RALEIGH, NC 27612</b>
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C 000	<p>Initial Comments</p> <p>Report of a Biennial Construction Survey by Ed Miller on October 29, 2015.</p> <p>Records indicate this facility was licensed on October 8, 2002. The facility is currently licensed for Sixty-Six (66) Beds. Based on this information, the facility is required to meet the 1996 Minimum and Desired Standards and Regulations for Homes for the Aged and Disabled; the applicable portions of the 2005 Licensing of Adult Care Homes of Seven or More Beds, and the 2002 North Carolina State Building Code - Institutional Occupancy, Group I-2.</p> <p>Physical plant deficiencies were noted which require a plan of correction.</p>	C 000		
C 135	<p>Bathrooms-Not to Be Utilized for Storage</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (10) Resident toilet rooms and bathrooms shall not be utilized for storage or purposes other than those indicated in Item (4) of this Rule;</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure that resident toilet rooms and bathrooms are not utilized for storage or purposes other than those indicated in rule. This deficiency affects all residents and staff who would not have the fixtures and/or space for the services needed. Findings on October 29, 2015: a. The Third Floor Whirlpool was being used as storage of vender's furniture.</p>	C 135		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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C 188	Continued From page 1	C 188		
C 188	<p>Electrical Outlets in Wet Locations</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters.</p> <p>This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to maintain in a safe manner, the electrical power receptacles in wet areas. This would affect all residents, staff and visitors by not providing ground fault protection to these devices. Findings on October 29, 2015: a. The ground-fault circuit-interrupter (GFCI) electrical power receptacle in the Third Floor Whirlpool did not have electrical power and could not be tested for ground faults.</p>	C 188		
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the Building was not maintained in a safe and operating condition, by not maintaining the fire and smoke resistance of</p>	C 189		

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C 189	<p>Continued From page 2</p> <p>doorskeeping rooms the NC State Building Code defines as "Hazardous Area" separated from the rest of the facility. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or fire compartment of origin.</p> <p>Findings on October 29, 2015:</p> <p>a. The First, Second and Third Floor Trash Rooms, corridor doors did not latch into their frames.</p> <p>2. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the corridor wall did not close completely and latch to restrict smoke. This could affect all residents, staff and visitors by not containing the smoke to the fire compartment of origin.</p> <p>Findings on October 29, 2015:</p> <p>a. The double-doors to the Third Floor Lounge did not close and latch properly.</p> <p>b. The double-doors to the Third Floor Lounge was equipped with a door coordinator which was out of adjustment so the doors cannot close and latch properly.</p> <p>c. The double-doors to the Second Floor Lounge did not close and latch properly as the automatic latch bolt on the inactive leaf was broken.</p> <p>3. Based on Observation, the Building was not maintained in a safe and operating condition, because some corridor doors were held open by devices that do not release with a push or pull of the door, preventing the doors from being closed and latched rapidly. This could affect all residents, staff and visitors by not containing smoke and fire in the room of origin.</p> <p>Findings on October 29, 2015:</p> <p>a. Corridor door to the Bedroom 304 was blocked open with a brick,</p>	C 189		

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C 189	<p>Continued From page 3</p> <p>b. The corridor doors to the Third Floor Lounge had a wedge holding the door open.</p> <p>c. The corridor door to the Bed Room 305 had a wedge holding the door open.</p> <p>d. The corridor door to the Bed Room 109 had a wedge holding the door open.</p> <p>e. The corridor door to the Dining Room had a mechanical kick-down holding the door open</p> <p>f. The inactive leaf of the Second Floor Lounge corridor double doors had a wedge holding the door open.</p> <p>g. The active leaf of the Second Floor Lounge corridor double doors had a hook holding the door open.</p> <p>4. Based on observation the required emergency shutdown switches for the HVAC air handlers were not labeled. Unlabeled emergency switches could cause an unnecessary delay in getting the units shutdown quickly to avoid spreading smoke. Findings on October 29, 2015: a. The emergency shutdown switch for the HVAC air handlers were not labeled.</p> <p>5. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire extinguishing system lacked the inspections, maintenance and documented required to ensure a properly working system. This could affect all residents, staff and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on October 29, 2015: a. Since the semi-annual maintenance of the commercial kitchen hood's fire extinguishing system in July 2014, there has been no record keeping of the monthly inspections. b. The Kitchen Hood gas cutoff valve was</p>	C 189		

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C 189	<p>Continued From page 4</p> <p>missing its cover plate.</p> <p>6. Based on Observation, the Building was not maintained in a safe and operating condition, because the portable medical oxygen cylinders were not being properly handled/stored. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on October 29, 2015:</p> <p>a. A portable medical oxygen cylinder was stored standing up in beverage crate not secured to the structure in the Third Floor Soiled Utility.</p> <p>7. Based on observation, the Building was not maintained in a safe and operating condition, because the fire sprinkler escutcheon plates were impaired, exposing openings through the ceiling that could allow the passage of smoke and heat. This would affect all residents, staff and visitors, if the fire suppression system does not operate in a timely manner and cannot contained fire in the Room of origin. Findings on October 29, 2015:</p> <p>a. The fire sprinkler escutcheon plate was missing in the east stair tower.</p>	C 189		